



ARIZONA SCHOOL IMMUNIZATION RECORD

For use in grades K–12



This form is to be completed by school staff from immunization records provided by parent or guardian and supplemented by information from ASIIS. See reverse side for instructions.

I. IDENTIFICATION INFORMATION

Child's Name <i>Nombre De Niño</i>	Birth Date <i>Fecha De Nacimiento</i>
Entry Grade (Circle) <i>Grado (Marque Con Circulo)</i> K 1 2 3 4 5 6 7 8 9 10 11 12	Sex <i>Sexo</i> Male <i>Niño</i> <input type="checkbox"/> Female <i>Niña</i> <input type="checkbox"/>

II. IMMUNIZATIONS

	1st MO/DAY/YR	2nd MO/DAY/YR	3rd MO/DAY/YR	4th MO/DAY/YR	5th MO/DAY/YR	6th MO/DAY/YR	F/U Date MO/DAY/YR
(DTaP/DTP) Diphtheria, Tetanus & Pertussis Difteria, Tetano y Tos Ferina							
(Td) Tetanus & Diphtheria Tetano y Difteria							
(Tdap) Tetanus, Diphtheria, acellular Pertussis Tetano, Difteria y Tos Ferina							
(IPV/OPV) Polio Vaccine Vacuna Antipoliomielitica							
(MMR) Measles, Mumps & Rubella Sarampión, y Paperas, y Rubéola							
(Hep B) Hepatitis B La Vacuna Hepatitis B							
Varicella (Chickenpox) Varicella Check box if pupil attended childcare/school in AZ with parental recall of chicken pox before 9/1/11 <input type="checkbox"/>							
Meningococcal Meningococicas							
(Hep A) Hepatitis A La Vacuna Hepatitis A							
HPV (Human Papilloma Virus) Virus Papilloma Humano							
(Hib) Haemophilus Influenzae b Required for Pre-K program, children age 2 months to age 5 years. <i>Influenzae Haemophilus tipo B</i>							
Influenza (Flu) Vaccine							
Other							
TB Skin Test: (optional) List most recent test Prueba de tuberculosis del piel: (opcion) Liste la más reciente prueba							

This record is part of the mandatory permanent pupil records as defined in Arizona Revised Statute 15-874 and shall transfer with that record. State and local health departments shall have access to this record.

FOR SCHOOL USE ONLY:

School Name *Nombre de Escuela*

Contact Person *Persona de Contacto*

Phone Number *Número de Teléfono*

Initial Enrollment Date in an Arizona School/Preschool _____

III. Documentation Presented:

- ☐ Arizona Lifetime Record
- ☐ Foreign country (name) _____
- ☐ Out-of-State record (name) _____
- ☐ ASIIS
- ☐ Provider Record
- ☐ Other _____

IV. Status of Requirements

- A. ☐ Currently up-to-date; more doses are due later.
- B. ☐ Needs follow-up (see follow-up column).
- C. ☐ No immunization record provided.

_____ (reason)

- D. ☐ Medical Exemption—Permanent
Date ____/____/____
- E. ☐ Laboratory evidence of immunity attached:

- F. ☐ Medical Exemption—Temporary until
Date ____/____/____
- G. ☐ Personal Beliefs
Date ____/____/____

I certify that I reviewed this student's immunization record and it has been transcribed accurately.

Date ____/____/____

Admitting Official _____

Comment Section:

REQUIRED FOR SCHOOL

INSTRUCTIONS FOR COMPLETION OF THE ARIZONA SCHOOL IMMUNIZATION RECORD (ASIR 109R)

(To be completed by school personnel)

I. IDENTIFICATION INFORMATION:

Complete the information section with the name, birth date, grade at entrance and sex of pupil.

II. IMMUNIZATION:

Fill in date (month/day/year) of each immunization the student has received from the record(s) presented by the parent or guardian. School staff may use information from the ASIIS program to supplement immunization data. A copy of the original/official immunization record(s) provided by the parent/guardian at time of enrollment (and any updates thereafter) should be attached to the ASIR and kept in the student's health file.

Parental recall of immunizations is not acceptable. The full date of month/day/year is required for MMR, and for all vaccine doses administered on or after 01/01/2003.

III. DOCUMENTATION PRESENTED:

Mark box(es) to indicate the type of immunization record(s) used to transcribe information onto ASIR 109R.

IV. STATUS OF REQUIREMENTS Check the correct box(s):

- A. Determine if the immunizations are complete by reviewing the school immunization requirements posted at <http://azdhs.gov/phs/immunization/school-childcare/requirements.htm>.
- B. If the pupil has not met all requirements, and needs additional doses according to Arizona School Immunization requirements, add date when the next vaccination dose is due in the F/U Column.
- C. If no immunization records are presented for the pupil, please check box C and write in the reason, i.e., homeless, group home, transfer student, or other reason.
- D. If the pupil is to be exempted for medical reasons, a Medical Exemption Form must be signed by a physician or nurse practitioner and the parent or guardian and attached to ASIR 109R. If the medical exemption is permanent, the requirement for the immunization is met.
- E. If the pupil has met the immunity requirement with laboratory evidence, the Medical Exemption Form must be completed and attached to the ASIR 109R, along with the laboratory evidence of immunity, which must be disease specified.
- F. If the medical exemption is temporary, check box F and the date the exemption will no longer be valid. Once the length of time for the exemption has ended, the child must receive the necessary immunization(s) or be subject to exclusion from school.
- G. If the pupil is to be exempt for reasons of personal belief, the parent or guardian must sign a Personal Beliefs Exemption Form indicating they received the information about immunizations provided by ADHS and have been informed of the risks of not vaccinating their child.

V. SCHOOL STAFF

Fill in date and your signature as the school representative who reviewed the immunization record. (Admitting official may be the school nurse, health office personnel, or office staff member)